

ARIZONA STATE BOARD OF ACCOUNTANCY  
100 North 15<sup>th</sup> Avenue, Suite 165  
Phoenix, Arizona 85007

Phone: (602) 364-0804

www.accountancy.state.az.us



**TRANSCRIPT REQUEST**

**TO: Office of the Registrar**

**University, School or College:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

Please send my official transcript to me in a sealed envelope and apply a school seal over the flap on the reverse of the envelope. This procedure is required by the Arizona Board of Accountancy. I will be forwarding the transcript in the school envelope directly to the Board.

**Be sure the transcript shows my degree, if applicable**

**Requested by:**

\_\_\_\_\_

First

Middle

Last

**Mailing Address**

\_\_\_\_\_

Street

City

State

Zip

**Name Used at This School**

\_\_\_\_\_

First

Middle

Last

**Date of birth** \_\_\_\_\_

**Student I.D. # (if known)** \_\_\_\_\_

**Signature of requestor** \_\_\_\_\_

**Fee enclosed: \$** \_\_\_\_\_

**Thank you for your prompt assistance.**